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CHILD/TEEN CLIENT INFORMATION

Date _____

Child's name _____ SSN _____ - _____ - _____

Date of Birth _____ Age _____

School Name _____ Grade _____

Home Address _____

_____ City _____ Zip code _____

Mother's Name _____

Mother's Home Ph# _____ Cell# _____ Work# _____

Father's Name _____

Father's Home Ph# _____ Cell# _____ Work# _____

Is it okay to leave a message at either phone #? _____

Who has legal custody of the child? _____

Name and Ph#, if not already listed _____

Other Emergency Contact Name & Ph# _____

Please list the names and ages of all individuals living in the home with the child:

Names of previous therapists and dates seen: _____

Child's Physician Name and Ph # _____

Please describe any ongoing physical or health concerns: _____

Prior hospitalizations, including location, dates and reasons: _____

List any medications currently used, dosage, their purpose and the prescribing physician: _____

Please describe the mother's pregnancy and the child's birth: _____

Please describe any traumas, losses, moves or significant changes in the child's life: _____

Please describe any past or present suicidal or self-abusive thoughts or behaviors: _____

Do you suspect your child has been physically or sexually abused? _____ If so, has a report been made to Child Protective Services? _____ Status of case? _____

Do you currently have concerns that your child is using alcohol or drugs? _____

If so, what is the situation? _____

Does your child have any legal problems? _____ Please explain: _____

Describe any other family issues/concerns you feel may be effecting your child: _____

Please describe the concerns that bring you here today: _____

What are your child's strengths? _____

How do you hope your child will benefit from participating in therapy? _____

A note about my practice and termination:

If you are not satisfied at any time with my work, I invite you to discuss your concerns. Ideally, we can come to a resolution that best helps you and your child. When it is not possible, I am happy to offer referrals if you wish to continue therapy elsewhere. Discussing “termination” of therapy helps provide closure, which is an especially good skill for children and teens to learn. It is important that parents understand this and support their child in saying “goodbye” in a healthy way. A termination session/s also help me as a provider in my future work.

I rely on referrals to continue to maintain and grow my practice. How did you hear about my practice?

Please use the space below to write any additional information that you think might be helpful. Thank you.